

COUNTY OF SAN LUIS OBISPO
APPLICATION FOR APPOINTMENT
TO A BOARD, COMMISSION, OR COMMITTEE

Date: 10/11/15

Applying For: **Homeless Services Oversight Council (HSOC)**

Name: Terra Clayton

Address:

Email Address:

Home Phone:

Business Phone:

Place an "X" next to the HSOC membership category below which you wish to represent:

☐ County Government Service Providers (Behavioral Health, Planning, Social Services, Veterans Services, or Probation)

☐ Non-profit Service Providers

Which area(s) of the county does this organization serve? _____

☐ Affordable Housing Developers

☐ Local K-12 Academic Institution

☐ Local Businesses/Business Organizations

☐ Law Enforcement

☐ Local Health Provider

☐ Local Faith Community

☐ Interested Community (preferentially with homelessness experience)

☐ Currently or Formerly Homeless Person

☐ Veterans Services Representative

☐ Local University or School of Higher Education

☒ Local Hospital

☐ Victims' Services Representative

Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization: Staff Member Dignity Health

Please describe how you qualify for the HSOC category which you have selected above:
Application for Membership on the Homeless Services Oversight Council:

Active employment as: French Hospital Emergency Room RN Care Coordinator

While not necessarily required, knowledge of issues relating to homelessness and/or previous involvement in addressing homelessness are desirable for HSOC members and will be considered by the selection committee prior to making its recommendations to the Board of Supervisors. Please summarize your experience with the issue of homelessness or with homeless clients:

As FHMC ED Care Coordinator I work daily with homeless clients daily. In my personal life, my family and I work with a local church to prepare and serve monthly dinner for our community homeless in Morro Bay.

Please explain why you would like to serve on the HSOC (attach a separate sheet if necessary):

My main focus is to aid in the navigation of community services to get both physical and emotional needs met for our patients. Our homeless population often has limited resources. They are underfunded, underinsured and struggle with basic needs. These crucial factors are a known co-morbidity to both acute and chronic illness. I want to work with our community partners to aid in solution-based action planning with the goal of improving quality of life for this vulnerable population.

Please note: It is possible that the selection committee may contact you to ask for additional information if necessary to prepare its recommendations for HSOC membership to the Board of Supervisors.

If appointed, are you willing to participate in the majority of meetings each year and, if necessary, in numerous related meetings of subcommittees? ☒ Yes ☐ No

Should you be appointed, are you willing, if necessary for that particular body, to file a statement of disclosure as a public official under the standards set forth by the Fair Political Practice Commission? ☒ Yes ☐ No

Signed _____ Date _____

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Date called/interviewed _____ Recommended for appointment? ☐ Yes ☐ No

Appointee prefers not to have address or phone numbers(s) published? ☐ Yes ☐ No

Additional Comments: